| Fill in this information to identify your case: | | | | | |
|---|-----------------------|----------------|-------------------|--|--|
| Debtor 1 | Timothy First Name | A. Middle Name | Neff Last Name | | |
| Debtor 2 (Spouse, if filing) | Barbara First Name | J. Middle Name | Neff | | |
| (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Middle District of Pennsylvania | | | | | |
| Case number | 18-02332-RNO |) | • | | |
| (If known) | | | | | |

| Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| 3. The commitment period is 3 years. 4. The commitment period is 5 years. | | | | | |
| | | | | | |

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Pa | art 1: Calculate Your Average Monthly Income | • | | | | | | |
|--|--|-------------|------------------|---------------|-------------------|--|--|--|
| 1. | What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions). | \$_1,715.76 | \$ <u>453.29</u> | | | | | |
| 3. | Alimony and maintenance payments. Do not include pay | ments from | a spouse. | | \$ | \$ | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | | | | | \$ | \$ | | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$ | \$ | | | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | | | | | |
| | Net monthly income from a business, profession, or farm | \$ | \$ | Copy here | \$ | \$ | | |
| 6. | Net income from rental and other real property | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | \$ | \$ | | | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | | | | | |
| | Net monthly income from rental or other real property | \$ | \$ | Copy here→ | \$ | \$ | | |

| Dobtor | 1 | |
|--------|---|--|

| illiouty | ACTION NO. | INCII | |
|----------|------------|-------|--|
| Γimothy | Δ | Neff | |

| Case number (if known) | 18-02332-RNO |
|------------------------|--------------|
|------------------------|--------------|

| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
|-----|---|--|--|-------------------------------|
| 7. | Interest, dividends, and royalties | \$ | \$ | |
| 8. | Unemployment compensation | \$ | \$ | |
| | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | | |
| | For you\$ | | | |
| | For your spouse\$ | | | |
| 9. | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. | \$ | \$ | |
| 10. | Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. | | | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | Total amounts from separate pages, if any. | + \$ | +\$ | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$1,715.76 | + \$ 453.29 | = \$\(\frac{2,169.05}{1000}\) |
| | Copy your total average monthly income from line 11. | | | \$2,169.05 |
| 13. | Calculate the marital adjustment. Check one: | | | |
| | You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. | | | |
| | You are married and your spouse is niting with you. | | | |
| | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularl you or your dependents, such as payment of the spouse's tax liability or the spous you or your dependents. | ly paid for the house se's support of some | hold expenses of cone other than | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularl you or your dependents, such as payment of the spouse's tax liability or the spouse | se's support of some | eone other than | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spousyou or your dependents. Below, specify the basis for excluding this income and the amount of income devo | se's support of some | eone other than | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularl you or your dependents, such as payment of the spouse's tax liability or the spous you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. | se's support of some | eone other than | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularl you or your dependents, such as payment of the spouse's tax liability or the spous you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. | se's support of some | eone other than | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | se's support of some oted to each purpose - \$ + \$ | eone other than a. If necessary, — — | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | se's support of some oted to each purpose \$ | eone other than a. If necessary, — — | 0.00 |
| 14. | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | se's support of some oted to each purpose \$ | eone other than a. If necessary, — — — | 0.00 \$2,169.05 |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | se's support of some oted to each purpose \$ | eone other than a. If necessary, — — — | \$_2,169.05 |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total | se's support of some oted to each purpose suppor | cone other than a. If necessary, Copy here | |
| | Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents. Below, specify the basis for excluding this income and the amount of income devolist additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total | se's support of some oted to each purpose suppor | cone other than a. If necessary, Copy here | \$_2,169.05 |

| Debto | or 1 Timothy First Name | A. Middle Name | Neff Last Name | | Case number (if known)_18-02332-RN | NO |
|----------------|---|--|--|---|--|---------------------|
| | alculate the median | - | e that applies to yo | ou. Follow these s | steps: | |
| | To find a list of a | n family income | for your state and s | ize of household go online using t | the link specified in the separate uptcy clerk's office. | \$ 78,953.00 |
| 17. H o | ow do the lines co | mpare? | | | | |
| | 11 U.S.C. § 'b. Line 15b is r 11 U.S.C. § | 1325(b)(3). Go more than line 1 1325(b)(3). Go | to Part 3. Do NOT f | ill out <i>Calculation</i> ge 1 of this form, it Calculation o f | f this form, check box 1, <i>Disposable income is not den of Your Disposable Income</i> (Official Form 122C–2), check box 2, <i>Disposable income is determined und</i> f Your Disposable Income (Official Form 122C–2) ne 14 above. | er |
| Part | 3: Calculate | e Your Comm | nitment Period U | nder 11 U.S.C | i. § 1325(b)(4) | |
| 18. C c | py your total aver | age monthly in | come from line 11. | | | \$_2,169.05 |
| ca th | Iculating the commi e amount from line | tment period un 13. | der 11 U.S.C. § 132 | 25(b)(4) allows yo | use is not filing with you, and you contend that ou to deduct part of your spouse's income, copy | - \$0.00 |
| 19 | b. Subtract line 19 | 9a from line 18 | | | | \$ <u>2,169.05</u> |
| 20. C a | alculate your curre | ent monthly inc | ome for the year. F | follow these step | s: | |
| 20 | a. Copy line 19b | | | | | \$ <u>2,169.05</u> |
| | Multiply by 12 (tl | he number of m | onths in a year). | | | x 12 |
| 20 | b. The result is you | ır current month | ly income for the ye | ar for this part of | the form. | \$ <u>26,028.60</u> |
| 20 | c. Copy the median | family income f | or your state and siz | e of household f | rom line 16c. | \$_78,953.00 |
| 21. H o | ow do the lines co | mpare? | | | | |
| <u>v</u> | The commitment | period is 3 years | s. Go to Part 4. | - | on the top of page 1 of this form, check box 3, | |
| | | | line 20c. Unless oth riod is 5 years. Go to | | by the court, on the top of page 1 of this form, | |
| Part | 4: Sign Belov | N | | | | |
| | By signing h | ere, under pena | alty of perjury I decla | re that the inform | nation on this statement and in any attachments is tru | ue and correct. |
| | 🗶 /s Tim | othy A. Neff | | | 🗶 /s Barbara J. Neff | |
| | Signature | of Debtor 1 | | | Signature of Debtor 2 | |

If you checked 17a, do NOT fill out or file Form 122C-2.

Date 06/29/2018

MM / DD / YYYY

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Date 06/29/2018

MM / DD / YYYY